Application to Examine Birth Record*

Los Angeles County Registrar-Recorder/County Clerk Birth, Death and Marriage Records

Authorization is requested to examine the following birth record:

(PLEASE PRINT) Years to be searched to)
NAME GIVEN AT BIRTH	MIDDLE LAST
PLACE OF BIRTHCITY IN LOS ANGELES COUNTY WHER	RE BIRTH OCCURRED
NAME OF FATHER	
MAIDEN NAME OF MOTHER	
PURPOSE OF SEARCH	
Signature of Applicant	Application Approved By REGISTRAR-RECORDER/COUNTY CLERK
ID# EXP. DATE	
Date	Deputy
Please read and sign the following:	, agree to the following when viewing the Birth
records in the custody of the Los Angeles Registrar Rec	order/County Clerk:
1. Any analysis, interpretation or conclusion that is reached regarding the birth and death record indices are my own	
and not that of the State Department of Health Servi	ices or the Los Angeles County Registrar Recorder/County Clerk.
2. Any technical descriptions of the birth or death record indices are consistent with those provided by the State	
Department of Health Services	
3. I will not sell, assign or otherwise transfer information from the birth or death record indices.	
4. I will not use the birth or death record indices for fraudulent purposes.	
5. I will not post information from the birth indices on the Internet.	
I certify (or declare) under penalty of perjury that the fore	going is true and correct:
Signature	 Date